

2. STATE:  
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
June 1, 2003

☐ NEW STATE PLAN    ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN    ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

<b>7. FEDERAL BUDGET IMPACT:</b>	
a. FFY '03	\$0
b. FFY '04	\$0

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

same

### Rehabilitative Services: Rates

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

// Mary B. Kennedy - signature //

16. RETURN TO:  
Stephanie Schwartz  
Federal Relations Unit  
Minnesota Department of Human Services  
444 Lafayette Road No.  
St. Paul, MN 55155-3852

13. TYPED NAME:  
Mary B. Kennedy

14. TITLE:  
Medicaid Director

15. DATE SUBMITTED: April 28, 2003

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 4/28/03

18. DATE APPROVED: 7/11/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL.

21 TYPED NAME

22. **FILE**

23 REMARKS

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13.d. Rehabilitative services.

Rehabilitative services are paid using the same methodology in item 5.a., Physicians' services, except as listed below.

- **Physical therapy assistants** are paid using the same methodology as item 11.a., Physical therapy.
- **Occupational therapy assistants** are paid using the same methodology as item 11.b., Occupational therapy.
- Payment for **mental health services** is made in accordance with the methodology set forth elsewhere in this Attachment for the provider type enrolled to provide the service. Effective for mental health services provided on or after July 1, 2001, payment is the lower of the submitted charge or 75.6% of the 50th percentile of 1999 charges.
- **Basic living and social skills** provided as part of mental health community support services are paid:
  - for mental health professionals or mental health practitioners, the lower of the submitted charge or \$18.00 per 30 minute unit;
  - for mental health rehabilitation workers, the lower of the submitted charge or \$13.50 per 30 minute unit; or
  - in a group setting, regardless of the provider, the lower of the submitted charge or \$11.00 per 30 minute unit. For the purposes of mental health community support services, "group" is defined as two to 10 recipients.
- **Consultation with significant people** provided as part of mental health community support services are paid:
  - for mental health professionals or mental health practitioners, the lower of the submitted charge or \$9.00 per 15 minute unit; or

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13.d. Rehabilitative services. (continued)

- **Medication education** provided as part of mental health community support services are paid:
  - the lower of the submitted charge or \$10.00 per 15 minute unit; or
  - in a group setting, the lower of the submitted charge or \$6.50 per 15 minute unit.
- **Crisis assessment** provided as part of mental health crisis response services are paid:
  - for doctoral prepared mental health professionals, the lower of the submitted charge or \$32.50 per 15 minute unit;
  - for master's prepared mental health professionals, the lower of the submitted charge or \$26.00 per 15 minute unit;
  - for mental health practitioners supervised by doctoral prepared mental health professionals, the lower of the submitted charge or \$16.25 per 15 minute unit; or
  - for mental health practitioners supervised by master's prepared mental health professionals, the lower of the submitted charge or \$13.00 per 15 minute unit.
- **Crisis intervention** provided as part of mental health crisis response services are paid:
  - for doctoral prepared mental health professionals, the lower of the submitted charge or \$47.50 per 30 minute unit;
  - for master's prepared mental health professionals, the lower of the submitted charge or \$38.00 per 30 minute unit;

- for mental health rehabilitation workers, the lower of the submitted charge or \$6.75 per 15 minute unit.

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13.d. Rehabilitative services. (continued)

- for mental health practitioners supervised by doctoral prepared mental health professionals, the lower of the submitted charge or \$23.75 per 30 minute unit; or
- for mental health practitioners supervised by master's prepared mental health professionals, the lower of the submitted charge or \$19.00 per 30 minute unit.
- Crisis stabilization provided as part of mental health crisis response services are paid:
  - for mental health professionals or mental health practitioners, the lower of the submitted charge or \$19.50 per 30 minute unit;
  - for mental health rehabilitation workers, the lower of the submitted charge or \$14.62 per 30 minute unit;
  - in a group setting (which does not include short-term services provided in a supervised, licensed residential setting that is not an IMD), regardless of the provider, the lower of the submitted charge or \$11.00 per 30 minute unit. For the purposes of mental health crisis response services, "group" is defined as two to 10 recipients; or
  - in a supervised, licensed residential setting that is not an IMD that provides short-term services, combining individual and group modalities and the individual provider's qualifications, and including consultation with significant people, the lower of the submitted charge or \$262.00 per day.
- When not provided in a supervised, licensed residential setting that is not an IMD that provides short-term services, consultation with significant people provided as part of mental health crisis response services are paid:

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13.d. Rehabilitative services. (continued)

- for mental health professionals or mental health practitioners, the lower of the submitted charge or \$9.00 per 15 minute unit; or
- for mental health rehabilitation workers, the lower of the submitted charge or \$6.75 per 15 minute unit.
- Effective January 1, 2002, provider travel time is covered if a recipient's individual treatment plan requires the provision of mental health services outside of the provider's normal place of business. This does not include travel time included in other billable services.
- Payment for outpatient chemical abuse programs services is pursuant to county-negotiated rates.
- Payment for EPSDT services identified in IFSPs/IEPs under the Individuals with Disabilities Education Act (IDEA) and provided by school districts to children with IFSPs/IEPs during the school day is pursuant to a cost-based, per child encounter rate.

**INTERIM RATE METHODOLOGY FROM JULY 1, 2000 THROUGH JUNE 30, 2002**

From July 1, 2000, through June 30, 2002, interim rates will be developed for each school district, for each provider type within that school district. The rates will be based upon a two-month survey of school-based providers of IFSP/IEP services and audited cost data (salary plus fringe benefits).

A child count will be collected from each IFSP/IEP provider. The child count includes the number of children served by each provider type participating in that school district.

*Interim Rate Formula:* Cost per school district, per provider type, divided by the child count for that provider type.

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13.d. Rehabilitative services. (continued)

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**INTERIM RATE METHODOLOGY EFFECTIVE JULY 1, 2002**

School districts are paid interim rates using cost-based, per child encounter rates using data collected during the previous year.

*Interim Rate Formula:* The interim rate formula is the same as the final rate formula effective July 1, 2000. The rate will be reviewed and updated annually, using the most current available data.

**FINAL RATE METHODOLOGY EFFECTIVE JULY 1, 2000**

At the end of the interim rate year, the Department will settle up with school districts using actual data reported for the payment year.

*Final Rate Formula:* The final rate is derived by dividing salaries plus fringe benefits by total employment hours. This result is multiplied by medical assistance direct service hours, then divided by medical assistance encounters.